Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL					cation Number	10/557,512	10/557,512			
					Filing Date 5/19/2004					
For FY 2009					First Named Inventor Jon Kristinsson					
Applicant claims small entity status. See 37 CFR 1.27					iner Name	Travis C. 1	Ruby			
					nit	3744	2.47.5		·	
TOTAL AMOUNT OF PAYMENT (\$) 1600					Attorney Docket 0702 - 053475					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SI	EARCH, AND FILING F									
	H FEES mall Entity	EXAMINA								
Application Type		<u>Il Entity</u> ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees Pa	<u>uid (\$)</u>	
Utility	330	82	540	270	220	110	200			
Design	220	110	100	50	140	70	-			
Plant	220	110	330	165	170	85	_	<u></u>		
Reissue	330	165	540	270	650	325	-			
Provisional	220	110	0	0	0	0	_			
2. EXCESS CLAIM FEES Small Entity										
Fee Description Fach claim over 20 (including Reissues) 52									<u>Fee (\$)</u> 26	
Lacif Claim Over 20 (moration Reconded)									110	
Each independent claim over 5 (including resistes)									195	
T	20 or HP	Extra Clai	ms Fe	ee (\$)	Fee Paid (\$)		<u>M</u> :	ultiple De	ependent Claims	
13 -	20 =	0		52 =	=		-	Fee (\$)	Fee Paid (\$)	
HP = highest number of	total claims paid f	or, if greater th	nan 20.				-			
Indep. Claims - 3	3 or HP	<u>Extra Clai</u>		ee (\$)	Fee Paid (\$)					
6	3 =	3		220 =	=660					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Pai									Fees Paid (\$)	
									130 + 810	
SUBMITTED BY										
Registration No. Tolombone 412 471 9915										
(Attorney/Agent) 2000										
Name (Print/Type)	Richard L.	Byrne					Date	IviaiC	д 40, 4010	